

Application for Employment

Town of Indialantic
216 Fifth Avenue
Indialantic, FL 32903
(321) 723-2242

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT CLEARLY

Position applied for _____	Date of Application _____	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Address	City	State	Zip Code

Telephone Number (s) _____			

Do you have a valid Florida driver's license? YES NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
If yes, give date _____

Have you ever been employed with us before? YES NO
If yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you been convicted of a felony within the last 7 years? YES NO

Conviction will not necessarily disqualify an applicant for employment

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any training received in the United States military.

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

References

1. _____
(Name) Phone # _____

(Address)

2. _____
(Name) Phone # _____

(Address)

3. _____
(Name) Phone # _____

(Address)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates employed		Work Performed
Address		From	To	
Telephone #		Hourly rate/salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

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If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p> <hr/> <hr/> <hr/> <hr/>
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____
Hourly Rate/
Job Title _____ Salary _____ Department _____

By _____
Name and Title _____ Date _____

Notes _____

